

AN EQUAL OPPORTUNITY EMPLOYER

The County of Kauai does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

<div>DEPARTMENT OF PERSONNEL SERVICES</div> <div>COUNTY OF KAUAI</div> <div>Mo`ikeha Building</div> <div>4444 Rice Street, Suite 140</div> <div>Lihue, Kauai, Hawaii 96766</div> <div>(808) 241-6595</div>			<div>APPLICATION FOR EMPLOYMENT</div> <div>EXAMINATION TITLE</div> <div>EXAMINATION NUMBER</div>		
<div>INSTRUCTIONS</div> <div>Type or Print in ink.</div> <div>Fill out both sides carefully. Failure to properly complete this application may result in your disqualification.</div> <div>Notify us of any changes in your address or telephone number. This office will not be responsible for your failure to receive notification through the mail.</div> <div>CITIZENSHIP: Check the appropriate line below. (Note: Applicants must be citizens, nationals or permanent resident aliens of the United States).</div> <div>A <input type="checkbox"/> Citizen of the U.S.</div> <div>B <input type="checkbox"/> National of the U.S.</div> <div>C <input type="checkbox"/> Permanent Resident Alien of the U.S.</div> <div>D <input type="checkbox"/> Non-citizen. Type of visa</div> <div>For C & D attach verification of alien status and employment authorization to application.</div>			<div>NAME AND MAILING ADDRESS:</div> <div>LASTFIRSTMI</div> <div>Street (Mailing Address)</div> <div>CityStateZip Code</div> <div>TELEPHONE: BusinessHome</div> <div>SOCIAL SECURITY NUMBER</div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>POLICE APPLICANTS ONLY: Will you be 21 or older by the application deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
<div>RESIDENCY:</div> <div>Are you a legal resident of the State of Hawaii? <input type="checkbox"/> Yes <input type="checkbox"/> No Date your legal residence in Hawaii began? <div></div><div></div>/<div></div><div></div></div> <div>Within the past year, have you filed a State of Hawaii income tax return or have you been claimed as a dependent on such returns? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Are you a former resident? <input type="checkbox"/> Yes (Please complete Residence Questionnaire). <input type="checkbox"/> No</div>					
<div>UNITED STATES MILITARY SERVICE: VETERAN'S PREFERENCE - I claim <input type="checkbox"/> 5 points <input type="checkbox"/> 10 points</div> <div>Serial or Service No. <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> Type of Last Separation: <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable</div> <div>5 points veteran's preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:</div> <div>A: During the period of December 7, 1941, to July 1, 1955</div> <div>B: For more than 180 consecutive days from January 31, 1955, through October 14, 1976, (Not including initial active duty for training under Reserve or National Guard programs);</div> <div>C: In any campaign or expedition for which a campaign badge or service medal has been authorized.</div> <div>10 points veteran's preference may be awarded to:</div> <div>A: Honorably separated veterans with service connected disability, including those awarded the Purple Heart</div> <div>B: The spouse of a honorably separated veteran with a service-connected disability which disqualifies the veteran for employment.</div> <div>C: An unremarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.</div> <div>If you wish to claim VP points, you must submit a copy of your DD Form 214 or honorable discharge certificate, showing dates of honorable service with this application. To receive 10 points, veterans must submit an official statement from the Veterans Administration or armed service dated within the past six (6) months which confirms their qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.</div>					
<div>CERTIFICATE OF APPLICANT</div> <div>I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the County of Kauai.</div>					
Date			Signature		
FOR DPS USE ONLY -- DO NOT WRITE IN SPACES BELOW					
WT	RS	CS	WT	WS	ACCEPTED
OI					REJECTED
T & E					DATE
PT					VPFSID#

EDUCATION AND SPECIAL TRAINING: When verification is required as indicated in our recruitment and examination announcement, please submit proof or evidence of having completed the course(s) of study. Failure to do so may result in your application not being accepted.							
Name and location of last grade school attended (elementary, intermediate, high school)				Please indicate highest grade completed:			
BUSINESS, TRADE, ARMED FORCES, COLLEGE OR UNIVERSITY AND GRADUATE OR PROFESSIONAL SCHOOLS							
Name of School		Address (City, State)		Total Credit Hours	Major Course of Study	Graduated Yes/No	Degree or Cert.
LICENSE: List any license, registrations or certificates that you possess which are pertinent to this job. (Present when filing.)							
TITLE		REGISTRATION NO.		DATE FIRST ISSUED		EXPIRATION DATE	
Driver's License:		Type:					
EXPERIENCE: Begin with your present job. Describe all work you have done which qualifies you for the job you are applying for. Include VOLUNTEER and MILITARY experience. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor. If your duties and responsibilities changed while working for the same employer, list each separately. <u>IF MORE SPACE IS NEEDED, FILL OUT A BLANK SHEET (USING SAME FORMAT AS BELOW).</u> This information may be verified with former employers. Please type or print.							
MAY WE CHECK YOUR EMPLOYMENT RECORD WITH YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO							
EXPERIENCE: (List present or last position first)							Do Not Use
Employer Name , Address:							
Telephone No.							
Your title and duties:							
Dates of employment: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="checkbox"/> FT <input type="checkbox"/> P/T (Years/Months)							
Avg. hrs. worked per week: <input type="text"/> Reasons for leaving							
No. & Titles of employees you supervised:							
Employer Name , Address:							
Telephone No.							
Your title and duties:							
Dates of employment: From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Total <input type="text"/> <input type="checkbox"/> FT <input type="checkbox"/> P/T (Years/Months)							
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